

OUT OF STATE DRUG WHOLESALE DISTRIBUTOR LICENSE APPLICATION

Check the licenses or registrations which correspond to your proposed business activities

Officer the fic	enses of registrations winter	r correspond to your p	roposeu business	activities.		
Applying for: □ Drug Wholesaler (Prescription Drugs) \$540.00 □ Controlled Substances Wholesaler \$105.00 □ Legend Drug Sample Distributor (Complete attached forms if applicable) \$330.00						
This is for:	ation	n	ship			
The Type of Ownership is :	☐ Corporation ☐	Partnership	le Proprietor			
NAME AND STATE OF CORPORATION AND PA	RENT COMPANY, IF ANY, PARTNERSHIP C	IPANY, IF ANY, PARTNERSHIP OR PROPRIETOR		STATE		
OTHER TRADE OR BUSINESS NAMES OF LICE	NSEE					
FIRM NAME						
LICENSEE ADDRESS (STREET OR BOX NUMBER)			STAT	E Z	IP	
LOCATION OF BUSINESS (STREET OR BOX NUMBER)			CITY STATE		(IP	
DEA			CORPORATE NUMBER			
OWNER'S TELEPHONE	FACILITY'S TELEPHONE	I	FAX			
CONTACT PERSON	l					
List name, address and title of co	prporate officers, partners or ov	wner(s).				
NAME		ADDRESS		ТІ	TITLE	
PREVIOUS OWNER'S NAME (IF CHANGE OF O	WNERHSIP)					
PREVIOUS NAME OF BUSINESS						
DATE OF CHANGE OF OWNERSHIP	DATE OF LAST STATE INSPECTION	OTHER STATES OF LIC	R STATES OF LICENSURE			

2) any felony convictions; 3) any suspension(s) or re	harge had: 1) any convictions relating to the distribution of drugs (including samples); evocation(s) of licensure for the manufacture or distribution of drugs by federal, state applicant(s) or manager(s)-in-charge in any of the states listed?
If yes, list and explain. $\ \square$ Yes $\ \square$ No (attach add	ditional sheets if necessary).
	Certification
	haira firet duly avers propostly devices and according
that the answers to the foregoing questions and star	being first duly sworn upon oath, depose and say tements made in the above application are true and correct.
	SIGNATURE OF APPLICANT
Subscribed and sworn to before me this	day of ,
	Notary Signature
SEAL	For the state of
	Residing at
	My Commission Expires